



# UNITED STATES MARINE CORPS

ENGINEER COMPANY B (-)  
6TH ENGINEER SUPPORT BATTALION  
4TH FORCE SERVICE SUPPORT GROUP, FMF  
ARMED FORCES RESERVE CENTER  
1901 SOUTH KEMBLE AVENUE  
SOUTH BEND, INDIANA 46613-1798

IN REPLY REFER TO:  
1700  
CO/I-I  
8 Feb 04

## COMPANY POLICY LETTER 03-04 w/ch1

From: Commanding Officer/Inspector-Instructor  
To: Distribution List

Subj: FAMILY CARE PLANS

Ref: (a) DoDInst 1342.19  
(b) MCO 1300.8P  
(c) MCO P1900.16D  
(d) MCO P1080.35H  
(e) MCO P1080R.38C  
(f) MCO 1740.13A

Encl: (1) Definitions  
(2) Quick Reference Checklist For Items To Consider in  
Developing a Family Care Plan  
(3) Certificate of Acceptance as Guardian or Escort (Co  
Form 1740-1)  
(4) Family Care Plan (Co Form 1740-2)  
(5) Family Care Plan Counseling Checklist (Co Form 1740-3)  
(6) Special Power Of Attorney (Co Form 1740-4)

Appen: (a) Family Budget  
(b) Record of Personal Affairs  
(c) Vital Statistics Record

1. **Purpose.** To publish policy and establish procedures for family care plans of Marines who are single parents; dual military couples with dependents; Marines who otherwise bear sole responsibility for the care of children under the age of 19; or Marines with family members who are unable to care for themselves in the Marine's absence.

2. **Information.** The personal readiness of Marines is directly affected by the arrangements they have made for the care of their families when they must deploy. The more thorough the family care plan, the easier it will be on Marines who must deploy. This is especially true for Marines who have sole responsibility for the care of dependents or who share that responsibility with a spouse who is also a service member.

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DoD's concerns about the readiness of service members and the welfare of their dependents resulted in the promulgation of reference (a).

3. Definitions. Provided in enclosure (1).

4. Policy

a. Individual Marines are solely responsible for initiating a family care plan with their command under the following conditions:

(1) Marine is or becomes a single parent with custody of children.

(2) Dual military couples with dependents, in which case both service members must have a plan.

(3) Family circumstances or other personal status changes in which the Marine becomes solely responsible for the complete care (housing, medical, logistical, financial, food, clothing, or transportation) of another family member who may or may not reside in the same household. Such circumstances include, but are not limited to:

(a) Birth or adoption of a child(ren). Reference (b) addresses assignment issues related to birth and adoption of children for service members.

(b) Loss of a spouse through death, separation, or divorce resulting in the Marine assuming the responsibilities in paragraph 5a(3) above.

(c) Enlistment (or commissioning) in the military (Regular or Reserve component) by a spouse when the Marine and spouse becomes a dual military couple with dependents.

(d) Assumption of sole care for an elderly or disabled family member.

(e) Assumption of sole care for a member with limited command of the English language, or the inability to drive or to gain access to basic life-sustaining facilities. Exercise of personal judgment will be considered by commanders in implementing this subsection based on considerations of geographic location or mission.

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(f) Recurring absence of a spouse through career/job commitments or other reasons, which result in the service member assuming the responsibilities as outlined in paragraph 4a(3) above.

b. Marines are responsible for immediate availability during rapid response situations to worldwide deployment contingencies. Failure to produce a family care plan in accordance with this Policy can result in administrative separation, per reference (c). In the case of Reserve Marines, transfer to an inactive status, discharge, or separation may be recommended.

c. A military single parent cannot be designated as a primary caregiver.

d. Commanding Officers of Marines of the Regular component, reservists on active duty, and Selected Marine Corps Reservists have the primary responsibility to ensure that Marines who meet the conditions in paragraph 4a have an up-to-date family care plan. Commanding Officers or their designated representatives shall discuss and assist their Marines in the following:

(1) Completion of a comprehensive family care plan that provide provisions for all possible-contingencies, both short term and long term deployments or absences. Enclosure (6) is a sample power of attorney that may be used to assist in the preparation of and be incorporated in a family care plan. Enclosure (2) A quick reference checklist for provisions to be considered, but not all-encompassing.

(2) Inform Marines that failure to provide an adequate family care plan resulting in a non-deployable status for training or contingencies may subject the Marine to disciplinary action and/or separation from the Marine Corps.

(3) Recommend to their Marines that they may seek assistance from the organizations listed below:

(a) Key Volunteer Network (KVN).

(b) Peace Time War Time Support Team (PWST), OIC.

(c) Child Development Programs, i.e., child development centers, family child care homes, and childcare resource and referral services.

(d) Community organizations that maintain lists of licensed caregivers in the community. This information is available through the FSC's.

e. Appendix (a)-(d) shall provide information and assistance in developing a family care plan that covers all aspects of deployments, stress management, financial arrangements, referrals, and guidelines for selection of caregivers. Additional assistance can be found but not limited to the following sources:

(1) Marine Corps Family Service/Assistance Centers. Regional Marine Corps FSC's are:

(a) MCCDC Quantico, VA. East of the Mississippi River (minus Wisconsin) is served by MCCDC Quantico, VA by calling (800) 336-4663; if calling from VA, call (703) 640-2659.

(b) MCB Camp Pendleton, CA. West of the Mississippi River (plus Wisconsin) is served by MCB Camp Pendleton, CA by calling (800) 253-1624; if calling from CA, call (619) 725-5361.

(c) Marine Reserve Forces. Reservists can call (504) 942-6586 or DSN 363-6586.

(d) MCCS OneSource

## 5. Procedures

### a. Regular Component Marines and Reservists on Active Duty

(1) Must notify their commanders no later than 30 days after a change in family status as specified in paragraph 5a above.

(2) Submission of a final family care plan must be made to the commanding officer within 60 days of the notification. Commanders may grant an additional 30 days to submit an acceptable family care plan.

### b. Selected Reservists

(1) Must notify their commanders no later than 60 days after a change in family status as specified in paragraph 5a above.

(2) Submission of a final family care plan must be made to the commanding officer within 90 days of the notification. Commanders may grant an additional 30 days to submit an acceptable family care plan.

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c. Individual Ready Reservists (IRR). During the annual screening of members of the IRR (either by mail or at a muster), Marines who indicate that family care will prevent their immediate mobilization will be provided a copy of enclosures (2) thru (6) and appendix (a) thru (c).

d. All documents of the family care plan will become part of the individual Marine's service record.

6. Action

a. Commanding Officer/Inspector-Instructor

(1) Ensure family care plans are incorporated into the command's family readiness program.

(2) Ensure all Marines that meet the specifications outlined in paragraph 4 have a family care plan.

(3) Appoint a Family Readiness Officer and KVN.

b. Family Readiness Officer (FRO).

(1) Verify that family care plans are included in the inspection process during the conduct of inspections.

(2) Ensure that all Marines who are the primary providers to children under the legal age of 19 (or applicable State law), or other family members who are unable to care for themselves in the absence of the Marine, complete a family care plan and submit it to the commanding officer for review.

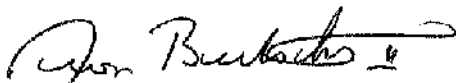
(3) Conduct an annual review of family care plans to verify accuracy, viability, and currency. This can be accomplished during the annual audit of the Marine's service records.

(4) Ensure that the local staff judge advocate reviews the legal documents of the family care plan for applicability to State law.

(5) Ensure that unit diary entries accurately reflect child/dependent custody status per references (d) and (e) for each Marine required to complete a family care plan.

7. Reserve Applicability

This Order is applicable to all Marine Corps Reserve personnel.



L. R. BERTSCHY II  
Commanding Officer



A. N. GREEN III  
Inspector-Instructor

## DEFINITIONS

1. Caregiver. An individual who is not a member of the Armed Forces or a member of a Reserve component, is at least 21 years of age, and is capable of self-care and care of children or other dependent family members. This individual must agree in writing to care for one or more family members during the Marine's absence for indefinite periods to ensure the Marine is available for worldwide duties.

2. Discuss. The conversation between the Marine and the commanding officer or designated representative on Marine Corps policy as it pertains to family care plans. The commanding officer must ensure that the Marine fully understands the unique demands of military service as it relates to personal and family responsibilities and the necessity for realistic family care arrangements to ensure the Marine is available for worldwide duty.

3. Dual Military Couple With Dependents. Regular or Reserve component members married to each other who have joint responsibility and physical custody for the care of children under 19 years of age or family members for whom the Marine bears medical, legal, financial, and/or logistical responsibility.

4. Family Care Plan. A document that outlines the person(s) who shall provide care for the Marine's children, disabled, elderly, and/or other family member(s) dependent on the Marine for financial, medical, or logistical support (housing, food, clothing, transportation) in the absence of the Marine due to military duty (training exercises, temporary duty, deployments, etc.). The plan outlines the legal, medical, logistical, educational, monetary, and religious arrangements for the care of the Marine's family member(s). The plan must include all reasonably foreseeable situations and be sufficiently detailed and systematic to provide for a smooth, rapid transfer of responsibilities to the caregiver upon the absence of the Marine.

5. Family Care Planning. The advance process of planning for the care of children, disabled, elderly, and/or other family members dependent upon the Marine for support specified in definition 7 below. The planning is the initiative taken by the Marine to use all available military and private sector resources to ensure receive

adequate care, support, and supervision during the Marine's absence.

6. **Family Members**. Includes those individuals for whom the Marine provides medical, financial, and logistical support (e.g., food, housing, clothing, transportation). This includes, but is not limited to, children under the age of 19, elderly adults, persons with disabilities, and others who are unable to care for themselves in the absence of the Marine, as described in definition 5 above.

7. **Marine**. Includes Regular component Marines, members of the Selected Marine Corps Reserve, and members of the Individual Ready Reserve.

8. **Separated**. The status of married Marines who are legally separated from their spouse under a court order or legally recognizable agreement, or Marines who customarily live apart from their spouse.

9. **Single Parents**. Marines who have no spouse or who are separated or otherwise apart from their spouse, but who have physical custody of children under 19 years of age. Also included under the provisions of this Order are single Marines who have physical custody of disabled dependents of any age for whom the Marine bears full medical, legal, logistical, and/or financial responsibility.

**QUICK REFERENCE CHECKLIST FOR ITEMS TO CONSIDER IN DEVELOPING A  
FAMILY CARE PLAN**

Family care plans shall include provisions for short and long term absences. Plans shall include designating a caregiver (to include person for temporary custody in the event of their death or incapacity). Arrangements for financial, logistical, and medical care must be part of the plan. In short, planning for all possible contingencies is recommended.

**CHECKLIST**

	YES	NO
CAREGIVER DESIGNATED:	___	___
AGREEMENT SIGNED BY CAREGIVER	___	___
CAREGIVER COUNSELED BY FAMILY SERVICE CENTER	___	___
TEMPORARY CUSTODY AGREEMENT	___	___
DOCUMENTS FOR CAREGIVER TO USE BASE FACILITIES	___	___
CAREGIVER MEETS REQUIREMENTS / STANDARDS	___	___
<b>LEGAL:</b>		
WILLS	___	___
POWER OF ATTORNEY	___	___
<b>FINANCIAL:</b>		
ALLOTMENTS FOR CARE OF DEPENDENTS	___	___
BANK ACCOUNTS/ACCESS/ARRANGEMENTS	___	___
<b>LOGISTICAL:</b>		
MOVEMENT / TRANSPORTATION ARRANGEMENTS	___	___
ESCORTS IN TRAVEL TO LOCATION OF CAREGIVER	___	___
USE OF PERSONAL PROPERTY AGREEMENTS	___	___
CARE OF HOME/QUARTERS	___	___
MEDICAL CARE/SUPPORT (IF REQUIRED)	___	___
LANGUAGE TRANSLATOR (IF REQUIRED)	___	___
FAMILY CONTACTS	___	___
FAMILY SERVICE CENTER:		
ASSISTANCE PROVIDED	___	___
DISCUSSION WITH MARINE/CAREGIVER ON:		
CHILD CARE/BEHAVIORAL CHANGES	___	___
FAMILY ADVOCACY	___	___
REFERRAL/ASSISTANCE	___	___



# CERTIFICATE OF ACCEPTANCE AS GUARDIAN OR ESCORT

For use of this form, see Company Policy 03-04

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Section 5042, Secretary of the Navy, MCO 1740.13A, Company Policy 03-04

**PRINCIPAL PURPOSE:** Guardian's agreement to care for a Marine's child(ren) in his or her absence.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; However, failure to provide all the requested information could lead to rejection of a Marine's Family Care Plan.

I \_\_\_\_\_ was provided an original Co Form 1740-4 Power of Attorney or other legally sufficient authority naming me as guardian/escort for:

NAME (s) / AGR (s) OF FAMILY MEMBERS


Family Members of:

NAME (s)	SSN (s)

I agree to accept responsibility for these family members. I have received all necessary documents required to provide financial, medical, educational, quarters, and subsistence support for these family members. I have been briefed on procedures for accessing military/civilian facilities, services, benefits, and entitlements on behalf of these family members.

TYPED OR PRINTED NAME OF GUARDIAN

SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

DATE (YYYY/MM/DD)

TELEPHONE NUMBER (INCLUDE AREA CODE)

\_\_\_\_\_

\_\_\_\_\_

ADDRESS (Include ZIP Code)

BE-MAIL ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTARY:

STATE OF

COUNTY OF

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

(Notary Public)

My commission expires:

<b>FAMILY CARE PLAN</b> <small>For use of this form, see Company Policy 03-04</small>																
<b>PRIVACY ACT STATEMENT</b>																
AUTHORITY:	10 U.S.C. Section 5042, Secretary of the Navy; MCO 1740.13A, Company Policy 03-04															
PRINCIPAL PURPOSE:	To emphasize to the service member the significance of their responsibilities in the military service and their family members while performing required military duties.															
ROUTINE USES:	None															
DISCLOSURE:	Mandatory; Failure to maintain a Family Care Plan could subject the service member to separation, administrative action, or disciplinary action under the UCMJ															
<b>PART I - FAMILY CARE</b>																
<b>A.</b> I was counseled on <i>(date)</i> , and fully understand the policy on family member care responsibilities. I understand that I must arrange for care of my family members, remain available for deployment and training, and report for duty as required without interference of responsibility for family members. I assume responsibility for all obligations for such things as childcare, food, adequate housing, transportation, and emergency needs of my family members regardless of age.	INITIALS															
<b>B.</b> I have made and will maintain arrangements for the care of my family members during all the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Duty</td> <td style="width: 33%;">6. Temporary Duty</td> <td style="width: 33%;">11. Deployment</td> </tr> <tr> <td>2. Exercises/field duty</td> <td>7. Unit Training</td> <td>12. Other Military Duty</td> </tr> <tr> <td>3. Permanent Change of Station</td> <td>8. Active Duty Training</td> <td>13. Emergencies</td> </tr> <tr> <td>4. Alerts</td> <td>9. Unaccompanied Tours</td> <td>14. Leave/non-duty Time</td> </tr> <tr> <td>5. Annual Training</td> <td>10. Mobilization</td> <td></td> </tr> </table>	1. Duty	6. Temporary Duty	11. Deployment	2. Exercises/field duty	7. Unit Training	12. Other Military Duty	3. Permanent Change of Station	8. Active Duty Training	13. Emergencies	4. Alerts	9. Unaccompanied Tours	14. Leave/non-duty Time	5. Annual Training	10. Mobilization		
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<b>C.</b> I understand the importance of ensuring the proper care for my family members, and ensuring my own readiness and deployability as well. I further understand that in light of the critical nature of both these requirements: <table style="width: 100%; border: none;"> <tr> <td style="width: 100%;">1. Failure to make and maintain adequate family member care arrangements in accordance with the Marine Corps policy is grounds for disciplinary action or separation.</td> </tr> <tr> <td>2. Nonavailability for worldwide assignment <i>and/or</i> unit deployment may lead to my separation from the Marine Corps.</td> </tr> <tr> <td>3. If arrangements for the care of my family members fail to work, I am not automatically excused from prescribed duties, unit deployment, or reassignment.</td> </tr> <tr> <td>4. If I fail to maintain a Family Care Plan or provide false information regarding my plan, I am subject to separation, administrative action, or disciplinary action under UCMJ.</td> </tr> <tr> <td>5. I must maintain an up-to-date Family Care Plan and revise my Plan when circumstances change. I understand that Family Care Plans may be tested at the discretion of the commander.</td> </tr> <tr> <td>6. I will receive no special consideration in duty assignments or duty stations based on my responsibilities for my family members unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with MCO P1754.4A.</td> </tr> </table>	1. Failure to make and maintain adequate family member care arrangements in accordance with the Marine Corps policy is grounds for disciplinary action or separation.	2. Nonavailability for worldwide assignment <i>and/or</i> unit deployment may lead to my separation from the Marine Corps.	3. If arrangements for the care of my family members fail to work, I am not automatically excused from prescribed duties, unit deployment, or reassignment.	4. If I fail to maintain a Family Care Plan or provide false information regarding my plan, I am subject to separation, administrative action, or disciplinary action under UCMJ.	5. I must maintain an up-to-date Family Care Plan and revise my Plan when circumstances change. I understand that Family Care Plans may be tested at the discretion of the commander.	6. I will receive no special consideration in duty assignments or duty stations based on my responsibilities for my family members unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with MCO P1754.4A.										
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<b>D.</b> I have made all necessary arrangements ( <i>legal, educational, financial, religious, special, etc.</i> ) to ensure a smooth, rapid turnover of family member care responsibilities in case this plan is implemented.																
<b>E.</b> I have arranged for necessary travel required to transfer my family members to a designated person. If my principal designee is not in the local area, I have arranged with a nonmilitary person in the local area to assume temporary guardianship of my family members until they are transferred to my principal care designee, or that designee arrives to assume responsibility for their care.																
<b>F.</b> A copy of Co Form 1740-4 ( <i>Power of Attorney</i> ) or equivalent documents and a copy of Co Form 1740-1 ( <i>Certificate of Acceptance as Guardian</i> ) for each escort or guardian whether temporary or long-term is attached to this plan.																
<b>G.</b> The following additional required documents are completed, included in this plan, and will be put into effect as part of my Family Care Plan. <table style="width: 100%; border: none;"> <tr> <td style="width: 100%;">1. DD Form 1172 (<i>Application for Uniformed Services Identification Card</i>) for each family member whether they have a currently valid ID card or not.</td> </tr> <tr> <td>2. DD Form 2558 (<i>Authorization to Start, Stop or Change an Allotment for Active Duty or Retired Personnel</i>) or other proof of financial support for expenses incurred by guardian and family members.</td> </tr> <tr> <td>3. Copies of letters of instruction (<i>which have been forwarded to designated escorts or guardians along with powers of attorney and other pertinent documents</i>), outlining all special instructions concerning the care of my family members have also been included in my Family Care Plan.</td> </tr> </table>	1. DD Form 1172 ( <i>Application for Uniformed Services Identification Card</i> ) for each family member whether they have a currently valid ID card or not.	2. DD Form 2558 ( <i>Authorization to Start, Stop or Change an Allotment for Active Duty or Retired Personnel</i> ) or other proof of financial support for expenses incurred by guardian and family members.	3. Copies of letters of instruction ( <i>which have been forwarded to designated escorts or guardians along with powers of attorney and other pertinent documents</i> ), outlining all special instructions concerning the care of my family members have also been included in my Family Care Plan.													
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<b>H.</b> I have thoroughly briefed escorts and guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family members.																
<b>I.</b> I am confident that my Family Care Plan is workable, and to the best of my knowledge, the guardian (s) and escort (s) I have designated will be both willing and able to carry out the responsibilities of caring for my family members.																
<b>PART II - DESIGNATION OF GUARDIANS/ESCORTS</b>																
<b>A.</b> I (We) have designated the following temporary guardian to care for my (our) family member (s) until responsibility is transferred to escort or principal (long-term) guardian.																
1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (including Street, Apartment Number, P. O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)															
3. TELEPHONE NUMBER (Include Area Code)	2b. E-MAIL ADDRESS															

B. I (We) have designated the following individual(s) as principal long-term guardian is) for my (our) family member is). The designated guardians reside in the continental United States or United States territories.

1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (including Street Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)
3. TELEPHONE NUMBER (Include Area Code)	2b. E-MAIL ADDRESS

C. (We) have designated the following individual(s) as escort for my (our) family member(s) if evacuation from OCONUS becomes necessary applies only to persons assigned OCONUS):

1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)
3. TELEPHONE NUMBER (Include Area Code)	2b. E-MAIL ADDRESS

### PART III - DUAL MILITARY COUPLES ONLY MILITARY SPOUSE AND COMMANDER CERTIFICATION

A. Spouse: We have made arrangements and will maintain arrangements for the care of our family member is) in all circumstances required by our commitment to the military and our family.

1. SIGNATURE OF SPOUSE					2. DATE (YYYY/MM/DD)					
3. TYPED OR PRINTED NAME OF SPOUSE					4. SSN					
5. Recertification	a. INIT	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE

B. Commander: I have counseled the military spouse assigned to my unit reviewed the Family Care Plan, and I am satisfied that the members have made adequate family care arrangements.

1. SIGNATURE OF COMMANDER			2. DATE			3. UNIT ADDRESS				
4. TYPED OR PRINTED NAME OF COMMANDER										
5. Recertification	a. INIT	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE

### PART IV - SERVICE MEMBER AND COMMANDER CERTIFICATION

A. Service Member: (We) have made arrangements and will maintain arrangements for the care of my (our) family member(s) in all circumstances required by my (our) commitment to the military and my (our) family.

1. SIGNATURE OF SERVICE MEMBER					2. DATE (YYYY/MM/DD)					
3. TYPED OR PRINTED NAME OF SERVICE MEMBER					4. SSN					
5. Recertification	a. INIT	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE

B. Commander: I have reviewed the Family Care Plan, and I am satisfied that the members have made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

1. SIGNATURE OF COMMANDER			2. DATE			3. UNIT ADDRESS				
4. TYPED OR PRINTED NAME OF COMMANDER										
5. Recertification	a. INIT	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE

# FAMILY CARE PLAN COUNSELING CHECKLIST

For use of this form, see Company Policy 03-04

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Section 5042, Secretary of the Navy: MCO 1740.13A, Co Policy 03-04.

**PRINCIPAL PURPOSE:** To emphasize to service members the significance of their responsibilities to the military service and their family members while performing required military duties.

**ROUTINE USES:** None.

**DISCLOSURE:** Mandatory; Failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.

Careful planning is required to ensure adequate care of family members while performing required military duties. Pregnant service members, single parents, and dual-military couples with family members will be counseled in accordance with MCO 1740.13A. The service member and the commanding officer (or designated representative) will initial each item on the checklist.

PART I - ACTIVE MARINE CORPS AND RESERVE COMPONENT	SERVICE MEMBER	COMMANDER
A. I am receiving Family Care Plan counseling by my commander (or designated representative) because my current family status is:		
1. A pregnant service member who:		
a. Has no spouse; is divorced; widowed, or separated; or is residing without her spouse.		
b. Is married to another service member of AC or RC of any service (Army, Air Force, Navy, Marines, Coast Guard).		
2. A service member who has no spouse; is divorced, widowed, or separated or is residing apart from his/her spouse; who has joint or full legal and physical custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
3. A service member who is divorced (not remarried) and who has liberal or extended visitation rights by court decree which would allow family members to be solely in the service member's care in excess of 30 consecutive days.		
4. A service member whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.		
5. A service member categorized as half of a dual-military couple of the AC or RC of any service (Army, Air Force, Navy, Marines, Coast Guard) who has joint or full legal custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
B. I understand that I must arrange for the care of my family member (s) so as to be:		
(1) Available for duty when and where the needs of the Marine Corps dictate;		
(2) Able to perform my assigned military duties without interference of family responsibilities.		
C. I have been counseled on the importance of:		
1. Selecting qualified, reliable, and stable guardians (temporary and long-term), whom I would have no reservations about entrusting the sole care of my family members, and who are both capable and willing to care for them in my absence.		
2. Providing maximum information to guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family member(s).		
3. Providing all necessary documentation and financial support so that the designated guardians have everything necessary to act in that capacity.		
D. I understand that designated guardians must be able to assume responsibility for my family member(s) during any periods of absence to include: during duty hours, alerts, field duty, TADs, deployments, AT, MUTAs, ADSW, or in the event of hospitalization, or other periods of absence for military duty, emergencies or unexpected circumstances.		
E. I understand that I am fully responsible for making all necessary arrangements (housing, educational, legal, transportation, financial, religious, special, etc.) to ensure a smooth, rapid turnover of family member care responsibilities in case the plan is implemented.		
F. I understand that I must initiate legal documentation such as the power of attorney for guardianship (Co Form 1740-5) which will authorize guardian(s) to act in loco parentis; to perform any and all acts as fully to all intents and purposes as I might or could if personally present; to authorize for the care and treatment of my family member(s) regardless of whether on an emergency basis, or for routine care, including all major surgery deemed necessary by a duly licensed staff physician at any military or civilian hospital; to register my child(ren) in school, and to grant or to withhold permissions as my attorney shall deem appropriate.		
G. I understand that designated guardians must submit notarized certificates of acceptance (Co Form 1740-1) agreeing to accept full responsibility for my family member(s); attesting that they have received all necessary and essential documents; and attesting to the fact that they have been provided information on how to gain access to military/civilian facilities, services, entitlements and benefits on behalf of my family member (s).		

CO FORM 1740-3, JAN 2004

ENCL. (5)

PART I - ACTIVE MARINE CORPS AND RESERVE COMPONENT (Continued)		SERVICE MEMBER	COMMANDER
H. I understand that I must maintain in my Family Care Plan, a DD Form 1172 for each family member to ensure the issue/renewal of Uniformed Services Identification Cards in my absence.			
I. I understand that my Family Care Plan must be updated and recertified by my commander at least annually more often if required by my commander or mission of my unit, or in the event of any change in my family status, guardians, legal custody, duty station, etc.			
J. I understand that it is strongly encouraged (though not mandatory) that I ensure that I have an updated will which specifies my desires concerning custody of my family member(s) in the event of my death.			
K. I understand that there are voluntary and involuntary procedures for my separation from military service when my parental responsibilities interfere with the performance of my military duties.			
L. I understand that I will receive no special consideration in duty assignments or duty stations based on my responsibility for my family member(s) unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with MCO P1754.4A.			
M. I understand that I am fully responsible for all transportation arrangements and costs pertaining to transportation of family member(s) to guardian or guardian to dependent family member(s). N. If I am assigned OCONUS, I understand that I must identify an escort for my family member(s) in the event that Noncombatant Evacuation Operations (NEO) are put into effect.			
O. If NEO procedures are not initiated at the time I am required to implement my Family Care Plan, I understand that I may request the opportunity to personally escort my family member(s) back to CONUS if time and the nature of the military situation permits, and my commander approves. I also understand that I may request approval for the designated guardian to reside in my government quarters in my absence. I further understand that the Marine Corps will not be responsible for reimbursement of any travel costs incurred by the guardian or escort unless they are otherwise eligible under their own military family member status.			
P. I understand that members of a dual-military couple may submit the same basic Family Care Plan to both commanders, provided that neither military member is identified as the long-term guardian in the plan. The original Family Care Plan will be maintained by the commander of the military member least likely to deploy, with a copy of the DA Form 5305-R forwarded to the spouse's commander. If both military members are equally likely to deploy, the original will be filed with the Army member's commander and a copy with the commander of the other service. If both are Army members and equally likely to deploy, it is inconsequential which commander has the original, so long as both commanders have copies in the unit files.			
Q. I understand that I should provide letters of instruction outlining all special arrangements and instructions the guardians or escort should be aware of (See Figure 5-4, AR 600-20).			
R. I have received copies of all the required forms and documentation, and know whom to contact in the event I have additional questions or need additional assistance in preparing the Family Care Plan.			
S. I understand that I must submit the complete Family Care Plan with all attendant documents to my commander within the time limits specified by my commander (or designated representative):  <input type="checkbox"/> AC 30 days from date of this counseling session.  <input type="checkbox"/> RC 60 days from date of this counseling session.			
T. I understand that it is my responsibility to notify my commander in advance if I am aware of any circumstances beyond my control that might prevent me from meeting the submission deadlines. The commander is authorized to grant a one-time extension of 30 days based on extenuating circumstances.			

#### PART II - ACTIVE MARINE CORPS AND RESERVE COMPONENT SERVING ON ACTIVE DUTY

Policies, Provisions, Entitlements, Benefits, and Services:

- |  |  |  |
|--|--|--|
| A. Policies governing deletion or deferment from assignment instructions because of personal reasons. See Chapter 3, AR 614-200 (AA enlisted) or Chapter 6, AR 614-100 (AA officers) or AR 135-91 (nc).  |  |  |
| B. Policies governing reassignment eligibility. All soldiers are expected to serve CONUS and OCONUS tours (including unaccompanied tours). The needs of the Service provide the basis for selecting a soldier for reassignment in accordance with AR 614-30, AR 614-200, and AR 614-100.   |  |  |
| C. Entitlements to assignment of government or pay of basic allowances for quarters. See Chapter 10, AR 210-50.  |  |  |
| D. Policies governing entitlement to basic allowance for subsistence, application procedures, and payment. These are contained in Chapter 1, part 3, AR 37-104-3; and Chapter 20, DoD Military Pay and Allowances Entitlements Manual.   |  |  |
| E. Provisions for applying for concurrent travel of family members when alerted for overseas movement<br>Approved<br>joint domicile assignments do not constitute authority to move family members to the overseas command at government expense. Application for family member travel must be made in accordance with AR 55-46. |  |  |

PART II - ACTIVE MARINE CORPS		SERVICE MEMBER	COMMANDER
F. Eligibility requirements for shipment of household goods to the next permanent duty station at government expense. See Part D, Chapter 5, Volume 1, Joint Federal Travel Regulation (JFTR).			
The entitlement to government paid transportation of family members to the next permanent duty station. See Part C, JFTR. Transportation allowances for dependent family member movement will be paid for under the following conditions:			
1. If traveling in a PCS status between CONUS permanent duty stations. However, family members are not authorized to move to or from TAD stations at government expense.			
2. If traveling to, from, or between OCONUS duty stations in PCS status provided tour length requirements have been satisfied.			
H. The status of noncommand sponsored family members in the overseas command.			
J. Services available from Personal Assistance Points at major points of embarkation in the CONUS.			
I. Services provided by the Family Service Center (FSC) regarding financial planning.			
K. Maternity counseling for pregnant single soldiers on the costs of child bearing and raising.			
L. Provisions of CHAMPUS.			

### PART III - MILITARY SPOUSE AND SPOUSE'S COMMANDER CERTIFICATION

A. Military spouse: *We have been counseled on our responsibilities to the military service and our family member (s).*

1. SIGNATURE OF SPOUSE	2. DATE (YYYY/MM/DD)	
3. TYPED OR PRINTED NAME OF SPOUSE	4. SSN	

Spouse's commander: *I have provided counseling for the military spouse assigned to my unit concerning Family Care Plan requirements.*

1. SIGNATURE OF SPOUSE'S COMMANDER	2. DATE (YYYY/MM/DD)	3a. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF SPOUSE'S COMMANDER		b. E-MAIL ADDRESS

### PART IV - SERVICE MEMBER AND COMMANDER CERTIFICATION

A. Service Member: *I have been counseled on my responsibilities to the Marine Corps and to my family member (s).*

1. SIGNATURE OF SOLDIER	2. DATE (YYYY/MM/DD)	
3. TYPED OR PRINTED NAME OF SOLDIER	4. SSN	

B. Service Member's Commander: *I have provided counseling to the soldier on his/her responsibilities to the military service and to his/her family member (s).*

1. SIGNATURE OF SERVICE MEMBER'S COMMANDER	2. DATE (YYYY/MM/DD)	3a. UNITED ADDRESS
4. TYPED OR PRINTED NAME OF SERVICE MEMBER'S COMMANDER		b. E-MAIL ADDRESS

## SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, \_\_\_\_\_ currently residing at:

Address 1:	
Address 2:	
City, State, and Zip:	

do make, constitute, and appoint: \_\_\_\_\_  
who currently reside(s) at (if no street address, give directions to home): \_\_\_\_\_

Address 1:	
Address 2:	
City, State, and Zip:	
Phone (w/ area code)	

my true and lawful attorney(s) in fact to act as follows GIVING AND GRANTING unto my said attorney(s) in fact full powers to:

1. Act as legal guardian of child(ren) herein named, more specifically in loco parentis, to accomplish any and all acts necessary to enroll, register, take care of any/all matters pertaining to school, and to execute any parental consent forms for said child(ren).
2. Authorize any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly authorized and licensed physician, for the health and well-being of my child(ren) as herein named. In caring for and maintaining my said child(ren), my said attorney(s) in fact are authorized to perform those parental functions and make those decisions as would I, the legal parent and guardian, if I were present.

NAME OF CHILD(REN)	AGE	RELATIONSHIP

FURTHER, I do authorize my aforesaid attorney(s) in fact to perform all necessary acts in the execution of the aforesaid authorizations with the same validity as I could effect if personally present. I further declare that any act or thing lawfully done hereunder by my said attorney(s) in fact shall be binding on myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney(s) in fact; and whether or not

I, the grantor of this instrument, shall have been reported or listed, either officially or otherwise, as "missing-in-action" or "captured" as those terms are used in military parlance, it being the intendment hereof that such status designation shall not bar my attorney(s) in fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted, and that such report of "missing-in-action" or "captured" shall neither constitute nor be interpreted as constituting notice of my death nor otherwise operate to revoke this instrument.

PROVIDED, however, that all actions taken hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney(s) in fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney(s) in fact and the designation "attorney in fact."

FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become null and void from and after \_\_\_\_\_.

This power of attorney shall not terminate on disability, incompetence, or incapacity of the principal at law.

IN WITNESS WHEREOF I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE)

(SEAL)

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

#### INDIVIDUAL ACKNOWLEDGEMENT

STATE of \_\_\_\_\_  
COUNTY of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 19\_\_, before me personally came \_\_\_\_\_ to me known to be the individual described in and who executed the foregoing instrument, and he/she acknowledged that he/she executed the same.

Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_



## HELPFUL FORMS

### Appendix A: Family Budget Form

This form can help to get you started on a family financial plan.

### Appendix B: Record of Personal Affairs

This list is provided in the appendix to facilitate the gathering of all personal information that will be helpful during the deployment. You should have this information filled out and kept in one location with your important papers. (Wills, powers of attorney, insurance policies, etc.)

### Appendix C: Vital Statistics Record

This list is provided to assist you in gathering all of the medical information that may be used during an emergency

#### PRIVACY ACT STATEMENT

AUTHORITY: PRIVACY ACT OF 1974 (5 U.S.C. § 552a); 10 U.S.C. § 5042.

PRINCIPAL PURPOSE: TO OBTAIN INFORMATION TO ASSIST U.S. MARINE CORPS COMMANDERS, FAMILY READINESS OFFICERS AND OTHER UNIT FAMILY READINESS PERSONNEL, AND INDIVIDUAL MARINES AND THEIR FAMILY MEMBERS TO BETTER PREPARE FOR UPCOMING UNIT DEPLOYMENTS.

ROUTINE USE: INFORMATION PROVIDED IS CONFIDENTIAL. IT WILL BE USED BY COMMANDERS, FAMILY READINESS OFFICERS AND OTHER UNIT FAMILY READINESS PERSONNEL TO LOCATE AND ASSIST FAMILY MEMBERS IN THE EVENT OF A MISHAP OR OTHER EMERGENCY DURING DEPLOYMENT. THE FORMS WILL BE RETURNED TO INDIVIDUAL MARINES AND THEIR FAMILY MEMBERS AFTER POST-DEPLOYMENT OR TRANSFER FROM THE DEPLOYING UNIT OR THEY WILL BE DESTROYED.

DISCLOSURE: YOUR DISCLOSURE OF THE REQUESTED INFORMATION IS VOLUNTARY, HOWEVER, FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY MAKE IT MORE DIFFICULT FOR YOU TO BE LOCATED AND ASSISTED IN THE EVENT OF A MISHAP OR OTHER EMERGENCY.

## APPENDIX A: FAMILY BUDGET FORM

### MONTHLY EXPENSES

\*\*\*\*\* (List here monthly expenses which are not paid by allotment) \*\*\*\*\*

<u>PAYMENT FOR</u>	<u>PAY TO</u>	<u>AMOUNT 1ST PAYDAY</u>	<u>15TH PAYDAY</u>
HOUSING	_____	\$ _____	\$ _____
FOOD	_____	\$ _____	\$ _____
ELECTRIC	_____	\$ _____	\$ _____
WATER	_____	\$ _____	\$ _____
CLOTHING	_____	\$ _____	\$ _____
GASOLINE	_____	\$ _____	\$ _____
TELEPHONE	_____	\$ _____	\$ _____
HOUSEHOLD SUPPLIES	_____	\$ _____	\$ _____
SCHOOL SUPPLIES (LUNCHES, ETC.)	_____	\$ _____	\$ _____
CAR LOAN (1)	_____	\$ _____	\$ _____
CAR LOAN (2)	_____	\$ _____	\$ _____
OTHER LOANS	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
ENTERTAINMENT	_____	\$ _____	\$ _____
CREDIT CARDS	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
POSTAGE/MAILING		\$ _____	\$ _____
INSURANCE:			
LIFE	_____	\$ _____	\$ _____
HOMEOWNER'S	_____	\$ _____	\$ _____
VEHICLE	_____	\$ _____	\$ _____
OTHER EXPENSES (SPECIFY)			
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
TOTAL EXPENSES NOT PAID BY ALLOTMENT		\$ _____	\$ _____

\*\*\*\*\* (List here monthly expenses paid by allotment) \*\*\*\*\*

<u>PAYMENT FOR</u>	<u>PAY TO</u>	<u>AMOUNT 1ST. PAYDAY</u>	<u>15TH PAYDAY</u>
ALLOTMENT FOR _____		\$ _____	\$ _____
ALLOTMENT FOR _____		\$ _____	\$ _____
ALLOTMENT FOR _____		\$ _____	\$ _____
ALLOTMENT FOR _____		\$ _____	\$ _____
ALLOTMENT FOR _____		\$ _____	\$ _____

TOTAL EXPENSES PAID BY ALLOTMENT \$ \_\_\_\_\_ (+) \$ \_\_\_\_\_

(=) \$ \_\_\_\_\_

TOTAL EXPENSES NOT PAID BY ALLOTMENT \$ \_\_\_\_\_ (+) \$ \_\_\_\_\_

\*(See previous page for amounts)

(=) \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES (=) \$ \_\_\_\_\_

\*(Add total expenses not paid by allotment with total expenses paid by allotment to arrive at total monthly expenses).

#### MONTHLY INCOME

SERVICE MEMBER'S BASE MONTHLY PAY \$ \_\_\_\_\_

BASIC ALLOWANCE FOR SUBSISTENCE (BAS) (+) \$ \_\_\_\_\_

BASIC ALLOWANCE FOR HOUSING (BAH) (+) \$ \_\_\_\_\_

CLOTHING ALLOWANCE (+) \$ \_\_\_\_\_

FAMILY SEPARATION ALLOWANCE (FSA) (+) \$ \_\_\_\_\_

OTHER ALLOWANCE(S) (+) \$ \_\_\_\_\_

TOTAL MONTHLY PAY/ALLOWANCES (+) \$ \_\_\_\_\_

TOTAL MONTHLY DEDUCTIONS (ALLOTMENTS, ETC.) (-) \$ \_\_\_\_\_

NET MONTHLY PAY (=) \$ \_\_\_\_\_

SPOUSE'S MONTHLY PAY (+) \$ \_\_\_\_\_

OTHER INCOME (+) \$ \_\_\_\_\_

TOTAL MONTHLY FAMILY INCOME (=) \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES (NON-ALLOTMENT) (-) \$ \_\_\_\_\_

**REMAINING (Net) MONTHLY FAMILY INCOME (=) \$ \_\_\_\_\_**

## **APPENDIX B: RECORD OF PERSONAL AFFAIRS**

(This will help you to have and locate valuable information in case of an emergency)

LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER

RANK, BRANCH OF SERVICE, ORGANIZATION/UNIT

COMPLETE LOCAL ADDRESS, TOWN, COUNTY, STATE, ZIP

COMPLETE PERMANENT ADDRESS, TOWN, COUNTY, STATE, ZIP

### **PERSONAL DATA**

1. BIRTH:

(MONTH, DAY, YEAR, TOWN, COUNTY AND STATE)

2. NATURALIZATION:

3. PARENTS: FATHER (NAME & ADDRESS)

MOTHER (NAME & ADDRESS)

4. FORMER SPOUSE: WIFE AND/OR HUSBAND (NAME & ADDRESS)

HOME PHONE #:

WORK PHONE #:

DOES FORMER SPOUSE HAVE JOINT CUSTODY? YES/NO

5. CHILDREN: FULL NAMES, PLACE AND DATE OF BIRTH

6. PERSONAL LAWYERS OR TRUSTED FRIEND WHO MAY BE CONSULTED  
REGARDING MY PERSONAL OR BUSINESS AFFAIRS

7. DEPENDENTS OTHER THAN SPOUSE AND CHILDREN

### **LOCATION OF FAMILY RECORDS**

1. BIRTH CERTIFICATES:

WIFE:

HUSBAND:

CHILD:

CHILD:

CHILD:

2. NATURALIZATION PAPERS (IF APPLICABLE):

WIFE:

HUSBAND:

CHILD:

CHILD:

CHILD:

3. CERTIFICATES:

MARRIAGE:

DIVORCE PAPERS:

DEATH CERTIFICATES:

ADOPTION PAPERS:

## **MILITARY SERVICE PAPERS**

### **1. ACTIVATION ORDERS**

## **OTHER IMPORTANT PAPERS**

### **1. WILL:**

NAME

RESIDENT OF

WITNESSES:

EXECUTOR'S NAME:

SUBSTITUTE EXECUTOR:

### **2. POWER OF ATTORNEY:**

AGENT:

INCOME TAX:

FEDERAL RETURNS:

STATE RETURNS:

CITY:

PERSONAL PROPERTY:

## **INSURANCE**

### **1. LIFE:**

INSURANCE CO:

POLICY NO:

PAYMENT AMT:

INSURANCE CO:

POLICY NO:

PAYMENT AMT:

INSURANCE CO:

POLICY NO:

PAYMENT AMT:

### **2. HOMEOWNERS/RENTERS/PROPERTY:**

DEDUCTIBLES, EFFECTIVE DATES

### **3. AUTO:**

CITY/COUNTY/STATE REGISTRATION:

INSPECTION CERTIFICATES:

AUTO CLUB/TOWING SERVICE:

### **4. MEDICAL LIABILITY, OR OTHER INSURANCE**

## **SOCIAL SECURITY**

### **1. SOCIAL SECURITY NUMBER:**

HUSBAND:

CARD/STUB LOCATED AT:

WIFE:

CARD/STUB LOCATED AT:

CHILD:

CARD/STUB LOCATED AT:

CHILD:

CARD/STUB LOCATED AT:

CHILD:

CARD/STUB LOCATED AT:

### **2. LOCATION OF UP-TO-DATE EMPLOYMENT RECORDS:**

**PROPERTY OWNERSHIP OR INTEREST HEREIN**

## 1. REAL ESTATE HOLDINGS:

LOCATED:

THE PROPERTY IS ENCUMBERED BY A:

HELD BY:

TAXES PAID THROUGH (YEAR):

## 2. OTHER PERSONAL PROPERTY:

**BANK ACCOUNTS**

## 1. CHECKING:

## 2. SAVINGS:

## 3. OTHER (SPECIFY):

**SAFE DEPOSIT BOX**

## 1. BANK/TRUST COMPANY:

## 2. LOCATED AT:

**STOCKS BONDS & SECURITIES**

## 1. LOCATED AT:

## 2. BENEFICIARY:

## 3. LIST OF WAR OR SAVINGS BONDS BY DENOMINATION AND SERIAL NUMBERS.

**DESIGNATED BENEFICIARY**

NAMES AND ADDRESSES OF PERSONS DESIGNATED ON SERVICEMAN'S OFFICIAL RECORD OF EMERGENCY DATA FORM TO RECEIVE SETTLEMENT OF UNPAID EARNINGS AND ALLOWANCES IN THE EVENT OF HIS DEATH:

**DEBTS AND PAYMENTS** (use separate sheet of paper if necessary)

FOR EACH ITEM INCLUDE

- CREDIT AGENCY, STORE OR BANK:
- AMOUNT DUE:
- DATE OF MONTHLY PAYMENT:

**ENTER ANY ADDITIONAL DATA REGARDING INSURANCE, ALLOTMENTS, MILITARY RECORDS, INSTRUCTIONS TO FAMILY MEMBERS, VETERANS ADMINISTRATION CLAIM NUMBER, ANY OTHER SERVICE NUMBER, ETC**

**HOUSEHOLD: (NOTE WARRANTY INFORMATION ALSO)**

**1. APPLIANCES**

- a. WASHER: MAKE: MODEL:  
PURCHASED WHERE WHEN:  
IF SERVICING REQUIRED CALL: (NAME, ADDRESS, PHONE)
- b. DRYER: MAKE: MODEL:  
PURCHASED WHERE WHEN:  
IF SERVICING REQUIRED CALL: (NAME, ADDRESS, PHONE)
- c. REFRIGERATOR: MAKE: MODEL:  
PURCHASED WHERE WHEN:  
IF SERVICING REQUIRED CALL: (NAME, ADDRESS, PHONE)
- d. OTHER APPLIANCES: MAKE: MODEL:  
PURCHASED WHERE WHEN:  
IF SERVICING REQUIRED CALL: (NAME, ADDRESS, PHONE)

**2. ELECTRONICS**

- a. TELEVISION: MAKE: MODEL:  
PURCHASED WHERE WHEN:  
IF SERVICING REQUIRED CALL: (NAME, ADDRESS, PHONE)
- b. STEREO: MAKE: MODEL:  
PURCHASED WHERE WHEN:  
IF SERVICING REQUIRED CALL: (NAME, ADDRESS, PHONE)
- c. COMPUTER: MAKE: MODEL:  
PURCHASED WHERE WHEN:  
IF SERVICING REQUIRED CALL: (NAME, ADDRESS, PHONE)
- d. OTHER ELECTRONICS: MAKE: MODEL:  
PURCHASED WHERE WHEN:  
IF SERVICING REQUIRED CALL: (NAME, ADDRESS, PHONE)

**3. AUTOMOBILE(S) AND OTHER VEHICLES**

- a. VEHICLE #1: MAKE: MODEL:  
PURCHASED WHERE: WHEN:  
IF SERVICING REQUIRED CALL: (NAME, ADDRESS, PHONE)
- b. VEHICLE #2: MAKE: MODEL:  
PURCHASED WHERE: WHEN:

**4. TROUBLE CALLS**

- a. PLUMBER: NAME:  
ADDRESS:  
PHONE:
- b. ELECTRICIAN: NAME:  
ADDRESS:  
PHONE:
- c. HEATING/AC: NAME:  
ADDRESS:  
PHONE:
- d. MECHANIC NAME:  
PHONE:  
ADDRESS:

## **APPENDIX C: VITAL STATISTICS RECORD**

The following pages are provided to gather all of the medical information that may be used during an emergency or if the need arises.

### **MARINE**

#### **I. VITAL STATISTICS**

Age:      Height:      Weight:      Hair Color:      Eye Color:  
Distinguishing Marks/Physical Characteristics:

#### **II. MEDICAL INFORMATION**

Blood Type:  
Vision in both eyes: Yes      No  
Must wear glasses/contact lenses: Yes      No  
If "yes" give details

---

---

Hearing in both ears: Yes      No  
Must wear hearing aid: Yes      No  
If "yes" give details

---

---

Regular Prescribed Medications Being Taken (if any)  
Name:      Dosage:      Prescribing Doctor:

Condition/Illness being treated:

Allergies (if any):  
Adverse drug reactions (if any):

#### **III. IMMUNIZATION INFORMATION**

Type of Shot:      Date Received:      Dose:  
Reaction/Remarks:

Any Religious information or considerations, which would have a bearing on medical treatment:

Other Pertinent Medical Data:

Treating Physician and contact phone:



**CHILD # 1**

**I. VITAL STATISTICS**

Age:          Height:          Weight:          Hair Color:          Eye Color:  
Distinguishing Marks/Physical Characteristics:

**II. MEDICAL INFORMATION**

Blood Type:

Vision in both eyes: Yes                      No

Must wear glasses/contact lenses: Yes      No

If "yes" give details

---

Hearing in both ears: Yes      No

Must wear hearing aid: Yes      No

If "yes" give details

---

Regular Prescribed Medications Being Taken (if any)

Name:                      Dosage:                      Prescribing Doctor:

Condition/Illness being treated:

Allergies (if any):

Adverse drug reactions (if any):

**III. IMMUNIZATION INFORMATION**

Type of Shot:                  Date Received:                  Dose:

Reaction/Remarks:

Any Religious information or considerations, which would have a bearing on medical treatment:

Other Pertinent Medical Data:

Treating Physician and contact phone:

**CHILD # 2**

**I. VITAL STATISTICS**

Age:      Height:      Weight:      Hair Color:      Eye Color:  
Distinguishing Marks/Physical Characteristics:

**II. MEDICAL INFORMATION**

Blood Type:

Vision in both eyes: Yes      No

Must wear glasses/contact lenses: Yes      No

If "yes" give details

---

---

Hearing in both ears: Yes      No

Must wear hearing aid: Yes      No

If "yes" give details

---

---

Regular Prescribed Medications Being Taken (if any)

Name:      Dosage:      Prescribing Doctor:

Condition/Illness being treated:

Allergies (if any):

Adverse drug reactions (if any):

**III. IMMUNIZATION INFORMATION**

Type of Shot:      Date Received:      Dose:

Reaction/Remarks:

Any Religious information or considerations, which would have a bearing on medical treatment:

Other Pertinent Medical Data:

Treating Physician and contact phone:

**CHILD # 3**

**I. VITAL STATISTICS**

Age:          Height:          Weight:          Hair Color:          Eye Color:  
Distinguishing Marks/Physical Characteristics:

**II. MEDICAL INFORMATION**

Blood Type:

Vision in both eyes: Yes          No

Must wear glasses/contact lenses: Yes          No

If "yes" give details

---

Hearing in both ears: Yes          No

Must wear hearing aid: Yes          No

If "yes" give details

---

Regular Prescribed Medications Being Taken (if any)

Name:

Dosage:

Prescribing Doctor:

Condition/Illness being treated:

Allergies (if any):

Adverse drug reactions (if any):

**III. IMMUNIZATION INFORMATION**

Type of Shot:

Date Received:

Dose:

Reaction/Remarks:

Any Religious information or considerations, which would have a bearing on medical treatment:

Other Pertinent Medical Data:

Treating Physician and contact phone: